

## Hospital Service Department Notes

### Medical Men on the Governing Boards of Hospitals

Probably no subject has received more attention than that dealing with doctors acting as members of a hospital Board. Their knowledge of medical science, nursing, the care of patients, sanitation and the best type of buildings, would seem to render them highly qualified for such a position. But it is argued, on the other hand, that members of the regular medical staff and outside doctors who make use of the hospital wards should not be governors, for fear of such individuals using their position to favour their own interests, or for fear that the medical opinions expressed by them would represent their own opinions rather than that of the medical staff. While this objection may be supported by specific instances here and there, the view could be as readily advanced that such an occasional situation does not prove that medical men have no place on the Board, but rather that the method of appointing such men to the Board may have been at fault. Hospitals would avoid almost all of the difficulties, practical and theoretical, were they to arrange that no practising physician should be on the Board unless he were a representative of the medical staff; that such representative endeavour at all times to truly speak for the medical staff as a whole; that he be responsible to the medical staff; that he be appointed by them, not for them; and that the medical men realize the importance of appointing to such a high honour only those of their number whose altruism and judgment and willingness to cooperate, rather than the reverse, are beyond question. However, in those instances where it is deemed advisable to limit the Board to lay members, there can be no objection, and indeed there are good reasons in support of the practice, now becoming fairly well recognized, to the medical staff appointing a small committee to act in an advisory capacity to the hospital board—"Relations Between the Medical Staff and the Hospital," Bulletin No. 7, of the Canadian Hospital Council.

### Removal of Surgical Drains by the Nursing Staff

At the request of the medical staff of one of our hospitals the Department of Hospital Service recently gathered information from a number of hospitals in various parts of Canada with respect to whether or not such hospitals

permitted surgical drains to be removed by the nurses on the wards. An analysis of the replies received indicates that there is some divergence of practice, but that the majority of these hospitals take cognizance of the legal responsibility involved in this procedure and require the surgeon in charge to assume such responsibility. In the majority of the hospitals only the surgeon or his assistant removes any surgical drains. If there be an intern in the hospital, he may perform this function. Some hospitals permit a graduate nurse to remove the drain, provided the surgeon assumes the responsibility, and in some hospitals the nurse may do so if the tube is falling out or in other emergencies. One hospital permits a senior nurse to shorten a tube under the doctor's orders, and another permits graduate nurses to remove vaginal drains. Certain hospitals are very strict concerning who should remove the drainage tubes or gauze in hæmorrhage cases or where hæmorrhage may be feared. Student nurses are seldom allowed the privilege of removing drains except in very minor cases. Obviously, in smaller hospitals where interns are not available, certain graduate nurses on the staff take a greater responsibility for clinical procedures in the wards, and are sometimes entrusted with this duty by the surgeon.

Hospitals in which the standing orders on this point are not clear should have this matter rectified in consultation with the medical staff. Various court decisions have emphasized the necessity of keeping in mind the fixation of responsibility should some untoward result develop. The "master and servant" relationship is a fundamental principle at law upon which has been based many hospital decisions. In view of the fact that the pupil nurse or the graduate supervisor is an employee of the hospital, the hospital may find itself burdened with the responsibility for the action of such individual, even although the nurse was acting on instructions from the doctor. For this reason many hospitals either do not permit the nursing staff to remove rubber or other drains, or require the surgeon giving such order to assume full responsibility for her actions. It should be borne in mind, however, that the special nurse is in a somewhat different category, inasmuch as she is considered to be the "servant" of the patient, not the hospital, and therefore the hospital is not so likely to be involved in any action for negligence against such nurse. Even so, the replies indicate that some hospitals do not permit special nurses to remove drains, or, if permitted, require the surgeon to assume the responsibility.

All communications intended for the Department of Hospital Service of the Canadian Medical Association should be addressed to Dr. Harvey Agnew, 184 College Street, Toronto.